

Education EDUCATIONUSA ACADEMY USA SCHOLARSHIP APPLICATION

Please <u>type</u> this information, and submit the completed application to <u>LuxembourgPublicAffairs@state.gov</u>

along with a completed recommendation form and essay. The essay should respond to the following prompt "Why I would like to attend the EducationUSA Academy program and what I hope to get out of it"

The deadline to apply is 5:00 p.m. on 19 March 2018.

APPLICATION FORM

1. NAME		Click or tap here to enter text.				
2. COUNTRY OF CITIZENSHIP		Click or tap here to enter text.				
		Click or tap here to enter text.				
		City: Click or tap here to enter text. Country: Click or tap here to enter text.				
5. DATE OF BIRTH (MM/DD/YYYY)		Click or tap to enter a date.				
6. GENDER		☐ Male ☐ Female				
City: CI Zip Cod		: Click or tap here to enter text. Click or tap here to enter text. ode: Click or tap here to enter text. ry: Click or tap here to enter text.				
<u>-</u>		phone: Click or tap here to enter text. phone: Click or tap here to enter text.				
9. EMAIL ADDRESS Click or		or tap here to enter text.				
10. NAME OF SCHOOL	•	Click or tap here to enter text.				
10b. ACADEMIC TRACK		Click or tap here to enter text.				
10c. SCHOOL ADDRESS		Street: Click or tap here to enter text. City: Click or tap here to enter text. Zip Code: Click or tap here to enter text. Country: Click or tap here to enter text.				
11. CURRENT YEAR OF STUDIES		Click or tap here to enter text.				
12. EXPECTED GRADUATION D	DATE	Click or tap here to enter text.				

13. Have you ever travelled outside of Luxembourg?	□ Yes	□ No
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13b. If yes, please list all countries: Click or tap here to enter text.

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In order to be considered for the EducationUSA Academy Scholarship, you must submit a completed recommendation form from a teacher, employer, or mentor.

This reference form may be completed by a supervisor at work, a professor/academic advisor/dean, or a community leader who knows the applicant well and is familiar with the applicant's academic and/or professional work. Relatives and friends of the applicant may not complete this recommendation form. This form should be typewritten in English, if possible. All recommendations must be signed at the bottom.

EDUCATIONUSA ACADEMY SCHOLARSHIP REFERENCE FORM

Name of Evaluator/Referee: Click or tap here to	enter text.				
Title of Evaluator: Click or tap here to enter text.					
Work Institution: Click or tap here to enter text.					
Telephone: Click or tap here to enter text.	Email	address: Clic	ck or tap here	to enter text.	
Please respond to the following questions t			_		
•			•		
1. How long have you known the applicant? Cli	ick or tap here	o enter text.			
2. In what capacity have you known the applica	ant? Check all	that apply.			
☐ Teacher ☐ Job Supervisor	☐ Other (plea	se specify)_			
3. Please evaluate the applicant as compared not feel that you are capable to judge the stude				cteristics belo	ow. (If you do
	Excellent	Good	Fair	Poor	N/A
Leadership potential					
Problem-solving skills					
Creative/independent thinking					
Interpersonal skills					
Respect for others					
Interest in other countries, cultures					
Interest in community service					
Maturity					
Please submit short statements in the space academic and/or work performance. You make the applicant's ability Click or tap here to enter text.	ay choose to	attach addi	tional pages	s if necessa	ry.
How would you evaluate the applicant's ability	to interact wel	with other s	tudents and	professors?	•
Click or tap here to enter text.					
How would you evaluate the applicant's streng Click or tap here to enter text.	ths and weakr	esses as a _l	ootential exc	change stude	ent?
Chek of tup here to enter text.					
What are the applicant's outstanding or disting	uishing talents	and charac	teristics?		
Click or tap here to enter text.					
The answers on this form are my own and r	epresent my	professiona	ıl opinion o	f the applica	ant.
Signature of Evaluator:		Dat	te: Click or t	ap to enter a	a date.